

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP							
1	1												
2		1											
3		1											
4	1												
5		1											
6	1												
7	1												
8		1											
9		1											
10		4											
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12		4											
13		2											
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41		4											
42		4											
43		4											
44													
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46													
47													
48													
49													
50													
TOTAL IND.	4												
TOTAL DEP.	114												
TOTAL CLAIMS	118												
51													
52													
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TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													